

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	213549951				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>CULPEPPER GARDEN II, INCORPORATED</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>ELIZABETH L. WILDHACK</b>  <b>6045 WILSON BOULEVARD</b>  <b>SUITE 101</b>   <b>ARLINGTON, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>ARLINGTON COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>10/31/2013</b></p> <p>SCC ID NO: <b>03664356</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED		
CLASS	AUTHORIZED					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 4435 NORTH PERSHING DR</p> <p style="margin-left: 40px;">CITY/ST/ZIP: ARLINGTON, VA 22203</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: BARBARA GREEN            TITLE: TREASURER            ADDRESS: 5642 20TH STREET            CITY/ST/ZIP/CO: ARLINGTON, VA 22205         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR         </td> <td style="width: 30%;"></td> </tr> </table>			NAME: BARBARA GREEN TITLE: TREASURER ADDRESS: 5642 20TH STREET CITY/ST/ZIP/CO: ARLINGTON, VA 22205	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: BARBARA GREEN TITLE: TREASURER ADDRESS: 5642 20TH STREET CITY/ST/ZIP/CO: ARLINGTON, VA 22205	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: MARY SUSAN PHILP            TITLE: CHAIR            ADDRESS: 3120 N. 4TH STREET            CITY/ST/ZIP/CO: ARLINGTON, VA 22201         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR         </td> <td style="width: 30%;"></td> </tr> </table>			NAME: MARY SUSAN PHILP TITLE: CHAIR ADDRESS: 3120 N. 4TH STREET CITY/ST/ZIP/CO: ARLINGTON, VA 22201	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: MARY SUSAN PHILP TITLE: CHAIR ADDRESS: 3120 N. 4TH STREET CITY/ST/ZIP/CO: ARLINGTON, VA 22201	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: ELIZABETH WILDHACK            TITLE: SECRETARY            ADDRESS: 6045 WILSON BLVD, STE 101            CITY/ST/ZIP/CO: ARLINGTON, VA 22205         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR         </td> <td style="width: 30%;"></td> </tr> </table>			NAME: ELIZABETH WILDHACK TITLE: SECRETARY ADDRESS: 6045 WILSON BLVD, STE 101 CITY/ST/ZIP/CO: ARLINGTON, VA 22205	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: ELIZABETH WILDHACK TITLE: SECRETARY ADDRESS: 6045 WILSON BLVD, STE 101 CITY/ST/ZIP/CO: ARLINGTON, VA 22205	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: GREGG FORTE            TITLE: DIRECTOR            ADDRESS: 227 N. OAKLAND STREET            CITY/ST/ZIP/CO: ARLINGTON, VA 22203         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR         </td> <td style="width: 30%;"></td> </tr> </table>			NAME: GREGG FORTE TITLE: DIRECTOR ADDRESS: 227 N. OAKLAND STREET CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: GREGG FORTE TITLE: DIRECTOR ADDRESS: 227 N. OAKLAND STREET CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: BRIAN ALEXANDER            TITLE: DIRECTOR            ADDRESS: 4800 HAMPDEN LANE            CITY/ST/ZIP/CO: BETHESDA, MD 20814         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR         </td> <td style="width: 30%;"></td> </tr> </table>			NAME: BRIAN ALEXANDER TITLE: DIRECTOR ADDRESS: 4800 HAMPDEN LANE CITY/ST/ZIP/CO: BETHESDA, MD 20814	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: BRIAN ALEXANDER TITLE: DIRECTOR ADDRESS: 4800 HAMPDEN LANE CITY/ST/ZIP/CO: BETHESDA, MD 20814	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: GREGG FORTE            TITLE: DIRECTOR            ADDRESS: 227 N OAKLAND STREET            CITY/ST/ZIP/CO: ARLINGTON, VA 22203         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR         </td> <td style="width: 30%;"></td> </tr> </table>			NAME: GREGG FORTE TITLE: DIRECTOR ADDRESS: 227 N OAKLAND STREET CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: GREGG FORTE TITLE: DIRECTOR ADDRESS: 227 N OAKLAND STREET CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEANNE BROYHILL VICE CHAIRMAN 2818 N. JEFFERSON STREET ARLINGTON, VA 22207	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDITH GRAVELLY DIRECTOR 2300 N. CULPEPER STREET ARLINGTON, VA 22207	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARSHA ALLGEIER DIRECTOR 2100 CLARENDON BLVD STE 302 ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD REDFOOT DIRECTOR 601 E STREET NW WASHINGTON, DC 20049	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH MARSHALL DIRECTOR 1921 FRANKLIN AVENUE MCLEAN, VA 22101-5309	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY ALDINGER DIRECTOR 2429 N. QUINTANA STREET ARLINGTON, VA 22207	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA FAVOLA DIRECTOR 2319 18TH STREET NORTH ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ELIZABETH WILDHACK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ELIZABETH WILDHACK, SECRETARY PRINTED NAME AND CORPORATE TITLE	10/28/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			